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SUBJECT: KAZAKHSTAN: USAID PROFESSIONAL EXCHANGE PROGRAM PRODUCES  
REAL HEALTH DIVIDENDS

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11. SUMMARY: The 2006 HIV outbreak among children in southern Kazakhstan is a painful reminder to Kazakhstani families of the vulnerabilities in their health-care system. However, as a result of the outbreak, a USAID exchange program conducted in September 2007 contributed to the recent establishment of both a medical-equipment sterilization center and a blood-safety center in the Southern Kazakhstan region. Both centers, and associated appropriate equipment and evidence-based protocols, will help to reduce the threat of such a tragedy re-occurring, and begin to rehabilitate the image of Kazakhstan's health-care system. END SUMMARY.

NOSOCOMIAL OUTBREAK OF HIV PROVOKES OUTRAGE

12. In February 2006, a sudden outbreak of HIV infections among small children and infants shocked and frightened the citizens of the Southern Kazakhstan region. The Government of Kazakhstan initially blamed the outbreak on mother-to-child transmission, publicly stating that the children were all born of prostitutes. When testing of the mothers disproved this theory and the number of cases continued to rise, the focus turned to the hospitals in which the children were receiving treatment. Further investigation soon revealed that some of the infections were caused by tainted blood during needless blood transfusions prescribed by doctors.

13. At the request of the Ministry of Health, the U.S. Centers for Disease Control and Prevention (CDC) participated in this epidemiological investigation and supported the findings that the infections could have been caused by the unsafe use of blood and blood products, and the lack of infection-control procedures during the delivery of medical care. As the cause of the HIV outbreak became public, the initial shock and fear turned to anger, as well

as a search for retribution and justice.

¶4. While the use of tainted blood was identified as a potential cause, the spread of the infection within the hospitals was further exacerbated by the re-use of medical equipment that was not properly sterilized. The HIV outbreak resulted in the infection of more than 140 children. Many of the infected children have since died, while others are ostracized by their communities and, in some cases, by their own homes. Twenty-one doctors and medical-care workers were tried and convicted for medical malpractice and negligence, with many sentenced to time in prison.

¶5. While the Government of Kazakhstan was initially quick to deflect blame for the HIV outbreak in response to the public outcry, it soon recognized the need to take action quickly. Financial and human resources were mobilized to develop a response that included care for those infected during the outbreak, as well as steps to ensure the safety of the blood supply and the hygiene of medical facilities. The Government of Kazakhstan also asked the international community for assistance in infectious disease control. The U.S. Government listened and responded.

#### THE BEST ASSISTANCE -- OUR EXPERIENCE

¶6. In support of the Government of Kazakhstan's efforts to respond to this HIV outbreak in particular, and infectious diseases control in general, USAID, in partnership with CDC, initiated and developed an extensive study tour of U.S. health institutions for a group of key medical and health professionals. The study tour went forward in August 2007 through USAID's Community Connections program on "Infection Control and Blood Safety." Ten participants were selected among health and medical specialists from Southern Kazakhstan, and from the Ministry of Health.

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¶7. During their three weeks in the United States, program participants observed blood transfusion processes in medical settings and discussed various systems for promoting infection-control management with infection-control and blood-safety experts. The Kazakhstani specialists visited the American Red Cross, New York City Blood Bank, the New York office of the CDC, the Public Health Service of the U.S. Department of Health and Human Services, the Massachusetts Department of Public Health HIV/AIDS Bureau, and local non-governmental organizations. They observed and experienced how these and other organizations deal with HIV/AIDS, tuberculosis, and blood transfusions. Program participants were also introduced to governmental and non-governmental organizations' policies and regulations that support and improve infection control systems.

#### KAZAKHSTAN SPECIALISTS DRAW ON THEIR U.S. EXPERIENCE

¶8. Several of the Community Connections participants are now playing leading roles in Kazakhstan's response to the HIV outbreak in Southern Kazakhstan, and infectious disease control more generally. Using the knowledge and insights gained from the study tour, Dr. Marat Daumenov and Dr. Galymzhan Abish worked towards establishing new medical centers in Southern Kazakhstan, one focused on blood safety and another on the sterilization of medical equipment. By the end of 2008, both the new sterilization center and blood-safety center were opened, with Dr. Daumenov and Dr. Abish appointed to be their respective directors. Dr. Daumenov stated that, "we borrowed much from American practices and applied our new knowledge in these centers."

¶9. The two centers together employ approximately 200 medical staff and cover all fourteen districts of the Southern Kazakhstan region. More than 30 medical facilities will utilize the centers for blood safety and sterilization of medical equipment. Dr. Daumenov further stated, "Now blood donors can receive appropriate medical services without endangering their lives. And we are regaining the trust and esteem of citizens." The ceremonial opening of the centers was held in January, with Kazakhstani President Nazarbayev's participation.

¶10. Other USAID Community Connection program participants also play

key roles in improving the capabilities of Kazakhstan to prevent the spread of infectious diseases. Dr. Kavira Mukasheva developed a curriculum based on her experience in the USAID Community Connections program, and held workshops training medical workers in the region. She was also instrumental in the enactment of new legislation and Ministry of Health decrees that were designed to improve and institutionalize infection control. Another participant, Ainura Malibayeva, was appointed the Deputy Director of the blood safety center. Malibayeva cited the Community Connections program and the knowledge she acquired during the study tour as a key factor that led to her new appointment.

¶11. The USAID Community Connections program continues to provide exchange experiences for a variety of professionals, including entrepreneurs, business and religious leaders, local government officials, non-governmental organization leaders, and health professionals. Programs are facilitated by U.S. host organizations, cover a range of topics, and use a variety of methodologies to expose participants to the institutions and challenges of a democratic, free-market society. Programs also inspire participants to implement change in their home countries, build public-private partnerships, and create linkages with the American host communities. A follow-on exchange program on blood safety will be organized this year as a result of the clear success of the previous

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program. The 2009 program will focus on two cities in northern Kazakhstan.

¶12. COMMENT: The USAID Community Connections program is another example of the benefits of professional and educational exchanges. Such programs have long-term and exponential effects on the communities and institutions that participate. Both the blood-safety and the medical equipment sterilization centers will provide long-lasting and significant contributions to the health of the populations they serve, and begin to rehabilitate the damaged reputation of the Kazakhstani health-care system. Moreover, the U.S. Government and its people and institutions were accepted as reliable partners and technical advisors during a time of critical need for the country. END COMMENT.

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